



# Home Occupation Application

## Louisville Metro Planning & Design Services

Case No.: \_\_\_\_\_ Intake Staff: \_\_\_\_\_

Date: \_\_\_\_\_ Fee: **\$ 25**

Once complete, please bring the application and supporting documentation to Planning and Design Services, 444 South 5<sup>th</sup> Street, Suite 300. For more information, call (502) 574-6230 or visit <http://www.louisvilleky.gov/PlanningDesign>.

**Fee** (Cash, charge or check made payable to the Department of Codes & Regulations):

☐ Application Fee: \$ 25

### **Project Information:**

Louisville Metro Revenue Account Number: \_\_\_\_\_

Type of home occupation (e.g. daycare): \_\_\_\_\_

Name of business: \_\_\_\_\_

Address of business: \_\_\_\_\_

Hours of operation (list days and hours): \_\_\_\_\_

Number of employees living on site (including yourself): \_\_\_\_\_

Number of employees not living on site: \_\_\_\_\_

*Note: You are allowed one non-resident employee. You can request up to two additional with a Conditional Use Permit.*

Number of Customers/Clients/Pupils on site at the same time: \_\_\_\_\_

Number of off-street parking spaces: \_\_\_\_\_ Number of on-street parking spaces: \_\_\_\_\_

*Note: If on-street parking is used, a Parking Study that meets the requirements of Section 9.1.17 of the LDC is required.*

Total acreage of the property: \_\_\_\_\_

Total square footage of the residence: \_\_\_\_\_

Total square footage of the home occupation: \_\_\_\_\_

*Note: Total area permitted for home occupation is 500 sq ft or 25% of finished square footage, whichever is less.*

## **Contact Information:**

**Owner:** ☐ *Check if primary contact*

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Owner Signature (required):** \_\_\_\_\_

**Applicant:** ☐ *Check if primary contact*

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Attorney:** ☐ *Check if primary contact*

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Plan prepared by:** ☐ *Check if primary contact*

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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**Certification Statement:** A certification statement **must be submitted** with any application in which the owner(s) of the subject property is (are) a limited liability company, corporation, partnership, association, trustee, etc., or if someone other than the owner(s) of record sign(s) the application.

I, \_\_\_\_\_, in my capacity as \_\_\_\_\_, hereby  
*representative/authorized agent/other*

certify that \_\_\_\_\_ is (are) the owner(s) of the property which  
*name of LLC / corporation / partnership / association / etc.*

is the subject of this application and that I am authorized to sign this application on behalf of the owner(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that knowingly providing false information on this application may result in any action taken hereon being declared null and void. I further understand that pursuant to KRS 523.010, et seq. knowingly making a material false statement, or otherwise providing false information with the intent to mislead a public servant in the performance of his/her duty is punishable as a Class B misdemeanor.